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The National Women's Health Information Center

A project of the U.S. Department of Health and Human Services, Office on Women's Health



## Frequently Asked Questions about Eating Disorders

### What are eating disorders?

Eating disorders are real illnesses that can affect how we eat and how we feel about food. They can be treated to help people who have them have healthy and full lives. From time to time, we all change our eating habits. Sometimes we reduce the amount of food we eat or go on a diet to shed some pounds, or we eat more to gain weight. These can be healthy ways to control or reach our ideal body weight. But, people who have eating disorders have unhealthy ways, or patterns, of eating. They may eat too much and become overweight, or way too little and become very thin. Sometimes a person can eat so little, or nothing at all, they actually begin to starve (called *anorexia nervosa*). A person can also eat an extreme amount of food all at once and then do things like vomit to rid the body of food (called *bulimia nervosa*). And, a person may not be able to control the need to overeat, often keeping it a secret (called *binge eating disorder*). People can also have wrong ideas, or misperceptions, of their body weight. People with eating disorders can feel certain they weigh too much, even though they may be well under the ideal body weight for a person their size.

Eating disorders affect people of all ages, race, and income levels. But, these disorders affect women much more than they do men. Women make up more than 90 percent of people with these disorders. Without treatment, an eating disorder can take over a person's life and cause serious illness and death. These disorders can increase risk for *osteoporosis* (thinning of the bones) and heart problems. People who have eating disorders can also have depression and anxiety, and may turn to alcohol and drugs for relief.

### Who is at risk for eating disorders?

In the United States and other Western countries, women are more at risk for eating disorders than are men. These disorders affect 8 to 10 times more women than men. In the U.S., it was thought that eating disorders affected mostly white women. But, recent research has shown that black women are affected as well. One study found that black women were more likely than white women to have repeated episodes of binge eating disorder. This may put black women more at risk for *obesity* (being overweight).

Women may be more at risk for eating disorders because of a need to have the "ideal" figure often shown in the media (TV, magazines, movies). The "thin is best" view can affect girls and young women in particular. They often go on strict diets to look like the girls and women they see in the media. Pressure from friends to be thin and to diet can also happen. For women, *body image*, or how you feel about how you look, can affect feelings about body weight. Not liking how much you weigh, feeling fat, and wanting to be thin can make you worry more about how you look than other things, such as your own ideas or what you want to do in your life. Sometimes, young women who are at a normal weight, or even underweight, may feel that they are too fat. A woman may also feel that how she looks or how much she weighs makes up a major part of her self-esteem. While young women may be most at risk for eating disorders, these disorders are affecting older women in growing numbers.

## What causes eating disorders?

No one knows for sure what causes eating disorders. It is known, though, that these disorders can't be willed or wished away – treatment is needed. If you or someone you know has an eating disorder, don't wait to get help. Talk with a health care provider, the sooner the better.

Much research has been focused on how personality and environment can put a person at risk for an eating disorder. People with eating disorders are thought to share certain traits, such as low *self-esteem* (how you feel about who you are), feelings of helplessness, and a fear of becoming overweight. Eating disorders seem to develop as a way of dealing with stress. These disorders appear to run in families, affecting women more than men. Research has shown that a woman's social environment, including her family and friends, can affect how she feels about body weight. For instance, frequent talk about being thin and dieting may put pressure on a person to be thin. Being teased about being overweight by family and friends can lead to low self-esteem and unhealthy eating in young girls and women. Also, young people who are involved in sports or activities that emphasize thinness (modeling, dancing, long distance running, gymnastics) are more likely to develop eating disorders.

Research is also looking at the role genetics and a person's biological make-up and body chemistry play in eating disorders. Studies funded by the National Institute of Mental Health have focused on *serotonin*, a substance found in the brain that can affect appetite and a person's ability to control impulses and moods. In women, researchers are exploring how eating disorders may affect serotonin levels and how the brain signals the body about hunger and fullness. For example, most women feel better – in terms of fullness and mood – after eating. But for women with anorexia, not eating can actually improve mood and feelings of well-being. Knowing how serotonin affects eating disorders will help researchers to figure out which women are more at risk for these disorders and better ways to treat them.

## What are the most common types of eating disorders? What effects do they have on a person's health?

The three most common types of eating disorders are:

- **Anorexia nervosa** – starving yourself by eating very little or nothing at all. People who have this condition can have a strong fear of body fat and weight gain. To stay thin, a person may diet, fast, or exercise too much. Taking laxatives, diuretics, or enemas to rid the body of food is also common. Women with anorexia can have menstrual periods that are not regular, or none at all. Girls with anorexia often get their periods later than girls who don't have this illness. People with this illness may think they are overweight, even when they are very skinny. The process of eating becomes an *obsession*, or something you can't stop thinking about. Eating habits develop that are not normal, such as staying away from food and meals, picking out only a few foods and eating these in small amounts, or carefully weighing out food portions to eat. People with anorexia may also check their body weight a lot.

Anorexia can cause the same types of problems that happen when a person is starving. The lack of food can cause a person to become very thin, develop brittle hair and nails, dry skin, and a low pulse rate, become not able to stand the cold, and suffer from constipation and sometimes diarrhea. It can also affect a person's blood count, causing mild anemia, reduce muscle mass, stop a woman's menstrual period, and lead to swollen joints. Lack of calcium, due to a poor diet, places anorexics at higher risk for *osteoporosis* (bone thinning) later in life. Many people with this illness have depression, anxiety, and problems with alcohol or drugs. The most serious problems include death from starvation, the heart stopping, or suicide.

- **Bulimia nervosa** – when a person binges, or eats an extreme amount of food all at once and then purges – vomits, takes laxatives or *diuretics* (water pills) – to rid the body of food. Exercising to excess and fasting can also occur to make sure no weight is gained after binge eating. People with this eating disorder feel no control during the times they are eating to excess. This illness most often starts in the late teenage years or early adult life. Like anorexics, people with bulimia have extreme worry about food, body weight, and body shape. Many bulimics binge and purge in secret, and still keep a normal body weight. By doing so, a person can often hide this illness for years. Feelings of disgust and shame after binge eating are common, as well as feelings of relief after purging. Eating binges can happen once or twice a week or as much as a few times a day. They can be triggered by depression, boredom, or anger. The need to binge and purge can be constant or can happen once in a while, with periods of time where no bingeing occurs.

Health problems from bulimia are mostly related to *electrolyte imbalance* (when the amounts of sodium and potassium in the body become too much or too little) and repeated purging behaviors. Purging causes the body to lose potassium, which can damage heart muscle and increase a person's risk for heart attack. Frequent vomiting can inflame the *esophagus* (tube that connects the throat with the stomach) and damage tooth enamel. Other problems caused by bulimia include scarring on the back of fingers from pushing them down the throat to cause vomiting, loss of or change in menstrual periods, and no sex drive. People with this illness can have trouble dealing with and controlling impulses, stress, and anxiety. They may also have depression, *obsessive-compulsive* disorder (an illness where you have unwanted thoughts and behaviors you can't stop repeating), and other mental illnesses. Problems with alcohol and drugs is not uncommon. Bulimics are also likely to be anorexic.

- **Binge eating disorder (BED)** – when a person can't control the desire to overeat and often keeps the extreme eating a secret. People with this eating disorder feel no control during the times they are eating to excess. During binge eating, a person may eat more quickly than normal, eat until feeling discomfort, eat large amounts of food when not hungry, and eat alone. Unlike bulimia and anorexia, a person doesn't try to rid the body of extra food by doing things like vomiting, fasting, or exercising to the extreme. Because of this, many people who have this illness are overweight. A person can feel disgust, shame, and guilt during a binge, which can lead to bingeing again, causing a cycle of binge eating. Like with anorexia, people with BED can fear gaining weight, want to lose weight, and dislike the way their bodies look.

BED most often starts in the late teenage years or early adult years. Some experts believe BED is the most common eating disorder. The illness often develops soon after extreme weight loss from a diet. BED can be hard to diagnose and can be mistaken for other causes of *obesity* (being overweight). People with BED are often overweight because they maintain a high calorie diet without exercising. Medical problems can happen, like those found with obesity, such as high cholesterol levels, high blood pressure, and diabetes. BED also increases a person's risk for gallbladder disease, heart disease, and some types of cancer. People with BED often suffer from depression.

There are two other types of eating disorders. *Eating disorder not otherwise specified* (EDNOS) is the name for disorders of eating that don't fit into one of the three disorders described above. With EDNOS, a person has some form of abnormal eating but not all the symptoms needed to be diagnosed with an eating disorder. For instance, a person with EDNOS may purge themselves after eating, but do so with less frequency or intensity than someone who has bulimia.

More common than eating disorders is a condition called *disordered eating*. This is when a person diets, binges, or purges, but doesn't do so often or severely enough to be diagnosed with an eating disorder. A person may change how they eat after a stressful event or an illness, before an important speech or work event, or before a sports competition. Disordered eating can lead to weight loss or weight gain, but rarely requires treatment. But, if the disordered eating becomes long lasting, causes upset and stress, changes the way a person feels about themselves or how they look, or starts to get in the way of daily activities, they need to get help right away. Don't wait to see if the problem goes away by itself, talk with a health care provider about where to go for help.

## **How can you tell if someone has an eating disorder?**

Because many people with eating disorders keep them a secret, their conditions can go unnoticed for long periods of time, even years. With anorexia, signs such as extreme weight loss are easier to see. But, bulimics who can stay at their normal body weight may be better able to hide their illness. Family members and friends may notice some of the warning signs of an eating disorder.

A person with anorexia may:

- Eat only “safe” foods, low in calories and fat.
- Have odd rituals, such as cutting food into small pieces or measuring food.
- Spend more time playing with food than eating it.
- Cook meals for others without eating.
- Exercise to excess.
- Dress in layers to hide weight loss.
- Spend less time with family and friends.
- Become withdrawn and secretive.

A person with bulimia may:



- Become very secretive about food.
- Spend a lot of time thinking about and planning the next eating binge.
- Keep making trips to the bathroom after eating.
- Steal food or hoard it in strange places.
- Eat to excess.

A person with binge-eating disorder may:

- Become very secretive about food.
- Spend a lot of time thinking about and planning the next eating binge.
- Start eating alone most of the time.
- Steal food or hoard it in strange places.
- Eat to excess.
- Become overweight.
- Become withdrawn, not wanting to go out or see family and friends.

If you or someone you know has any of these warning signs, see a health care provider right away. There is help for people with these disorders and, with help, they can lead a healthy and full life.

## **What are the treatments for eating disorders?**

Eating disorders can be treated and a person can return to a healthy weight. Success in treating eating disorders is greatest when they are found early and treated right away. The longer abnormal ways of eating go on, the harder it is to overcome the disorder. Plus, more damage is done to the body over time, which can result in serious health problems.

There is no one, or best, way to treat these complex disorders. Most people with eating disorders are treated by a team of health care providers and receive medical care, psychotherapy (sometimes called “talk therapy”), and nutritional counseling. Professionals who provide psychotherapy can be therapists, psychologists, psychiatrists, social workers, or counselors. Types of psychotherapy include *cognitive-behavioral therapy* (changes how a person thinks about, and then reacts to, a situation that makes them anxious or fearful) family therapy, and group therapy. In some cases, a person may need to go into the hospital or into an in-patient or residential program. Medication is also sometimes used to treat the disorder and prevent relapse (or keep it from coming back). Certain antidepressants, called *selective serotonin reuptake inhibitors* or SSRIs, have been shown to help maintain weight and reduce anxiety for people with anorexia and bulimia. Training to build self-esteem can also be helpful.

Talk with your health care provider about treatment options. Also, look under mental health services in your local phone book or call the National Association of Anorexia Nervosa and Associated Disorders, (847) 831-3438, for referrals to service providers, treatment centers, and special programs.

## **Will having an eating disorder keep me from getting pregnant or having a healthy baby?**

Having an eating disorder can make it harder for a woman to get pregnant. It may cause early delivery, or premature birth, which can cause problems (sometimes life threatening) in a newborn. Women with eating disorders have higher rates of miscarriage than do women who don't have these disorders. If a woman doesn't eat lots of different healthy foods during pregnancy, she and her baby can have health problems. It is best to get treated for an eating disorder before you try to get pregnant. But, even if your eating disorder was treated and now gone, it could come back during the stress of pregnancy. Making sure you have good support from family, friends, and your health care provider is key to having a healthy pregnancy. Keep in mind you will also need plenty of support after the baby is born. Some women can feel "blue" or have depression after giving birth, which can make an eating disorder come back. Talk with your health care provider if you are thinking about getting pregnant or are pregnant.

## **What should you do if you or someone you know has an eating disorder?**

Support is important when you or someone you know has an eating disorder. Tell someone you trust about your problem. It may be a family member, friend, counselor, religious or community leader, or doctor. Talking to a school counselor or mental health professional is a good place to start. Seeing a health care provider as soon as you can is important too. Your doctor can help you get the help you need for your eating disorder. You can also learn about healthier ways to eat. Don't put off seeing a doctor, thinking you will get better on your own. Keep in mind, an eating disorder can cause serious harm to your body and to your emotional health.

## **What is the latest research on eating disorders?**

The National Institutes of Mental Health (NIMH) conducts and funds research on eating disorders. Researchers are looking at how well psychotherapy and medications work, either when used alone or together, to help people with these disorders. Also being studied is the role family background (genetics), appetite and exercise, and emotions and social behaviors play in eating disorders. New research is focused on whether brain serotonin (a substance that affects appetite, impulses and moods) is linked to eating disorders in women. To find information on government-sponsored clinical trials for eating disorders, go to <http://www.clinicaltrials.gov>.

This FAQ was adapted from eating disorder fact sheets from the National Institute of Mental Health and the Department of Health and Human Services Office on Women's Health.

## For More Information...

You can find out more about eating disorders by contacting the National Women's Health Information Center (800) 994-9662 or the following organizations:

### **BodyWise Packet: Eating Disorders Information for School Personnel and Health Care Providers**

Internet Address: <http://www.4woman.gov/BodyImage/Bodywise/bodywise.htm>

### **National Institute of Mental Health**

Phone Number(s): (301) 443-4513 (Public Inquiries) or (301) 443-8431

Internet Address: <http://www.nimh.nih.gov>

### **Weight-Control Information Network (WIN)**

Phone Number(s): (877) 946-4627

Internet Address: <http://www.niddk.nih.gov>

### **National Mental Health Information Center, SAMHSA, HHS**

Phone Number(s): (800) 789-2647

Internet Address: <http://www.mentalhealth.org>

### **Academy for Eating Disorders**

Phone Number(s): (703) 556-9222

Internet Address: <http://www.aedweb.org>

### **Eating Disorders Awareness and Prevention, Inc.**

Phone Number(s): (800) 931-2237

Internet Address: <http://www.nationaleatingdisorders.org>

### **Harvard Eating Disorders Center**

Phone Number(s): (888) 236-1188 ext. 100

Internet Address: <http://www.hedc.org>

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*This FAQ was reviewed by Victoria Hendrick, M.D., of the University of California, Los Angeles.  
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